



AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE / REGISTRATION NUMBER	YEAR	MAKE	SERIES AND BODY
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN)			TITLE NUMBER

Any person who knowingly makes a false statement of a material fact shall be guilty of a felony. Upon conviction they shall be punished by a fine of up to \$5,000 and/or imprisonment for up to ten years. (RCW 46.12.210)

L O S S	By my signature I swear and say that the (CHECK THE APPLICABLE BOX)			
	<input type="checkbox"/> TITLE	<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> TAB	<input type="checkbox"/> DECAL
	issued to me, is not now in my possession because it was (CHECK THE APPLICABLE BOX)			
	<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> DESTROYED	<input type="checkbox"/> MUTILATED
X	Signature _____ Printed Name (Position, if signing for business or organization) _____ DOL Customer Account Number *			

NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION	
	State of Washington	Signed or attested
	County of _____	before me on _____
	by _____	Signature _____
	Printed Name of Person Signing Document	Notary / Agent Signature
	Notary's Name (PRINTED or STAMPED) _____	
Title _____	Dealer No. OR	
Notary / Agent	AND: County / Office No. OR	
	Notary Expiration Date _____	

R E L E A S E	By my signature I release my interest as Legal Owner of the vehicle/vessel described above. (NOTE: This Release of Interest must be signed by ALL Legal Owner(s), with signatures notarized; use additional forms if necessary.)		
	X	Signature of person releasing interest _____	Printed Name (Position, if signing for business or organization) _____ DOL Customer Account Number *
	X	Signature of person releasing interest _____	Printed Name (Position, if signing for business or organization) _____ DOL Customer Account Number *
	NOTE: A Vehicle Odometer Disclosure (Form TD-420-006) is required when transferring a vehicle that is nine (9) years old or newer, unless otherwise exempt. The new owner MUST apply for title within 15 days. Failure to do so will result in monetary penalty assessment.		
	GROSS WEIGHT LICENSE		
	(AGENT: You must verify gross weight license. Your signature certifies that the information was verified.) I authorize this Gross Weight License to be transferred to the new owner and remain with the vehicle described above:		

X	Signature _____	Printed Name (Position, if signing for business or organization) _____	DOL Customer Account Number *
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NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION	
	State of Washington	Signed or attested
	County of _____	before me on _____
	by _____	Signature _____
	Printed Name of Person Signing Document	Notary / Agent Signature
	Notary's Name (PRINTED or STAMPED) _____	
Title _____	Dealer No. OR	
Notary / Agent	AND: County / Office No. OR	
	Notary Expiration Date _____	

* The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 digits)- or if the owner is a business or organization, is the UBI number found on the Master Business License or Business License and Registration Certificate (9 digits).

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.